4636840433

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Randy S. Rhymer DATE 10/29/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 T.L. 1179 (Canvasback) TR Spring Run
1/8 – 1/4 mile on Rght. S. R. No. _____

SUBDIVISION NAME Spring Run LOT NO. 118 SECTION OR BLOCK NO. _____

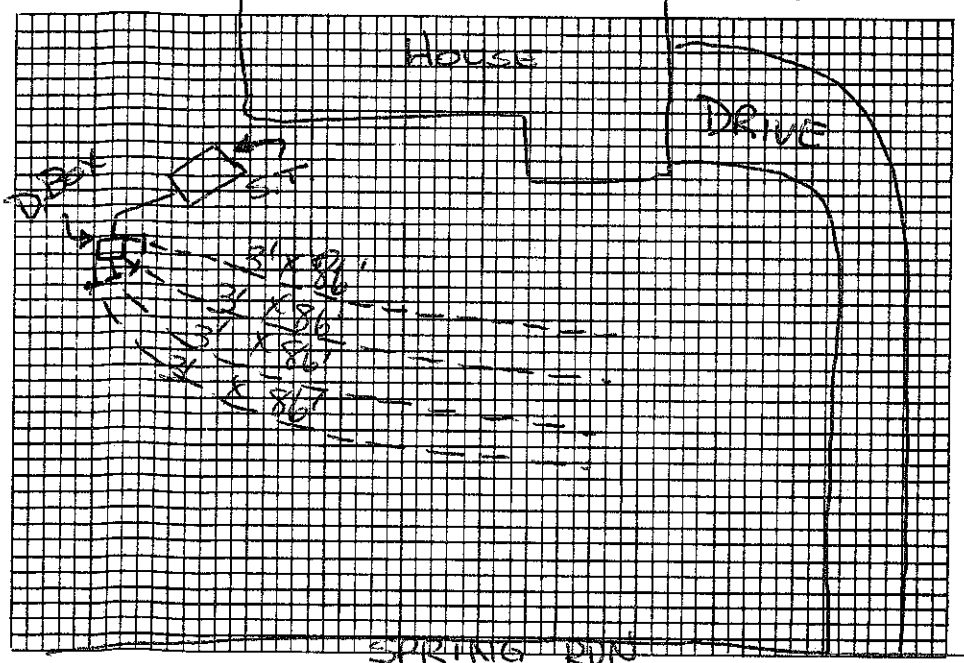
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2 1/2
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clay
Percolation Rate n.35
Topography 2-4%
Depth to Water Table 4' +
Rock or other impervious formations none observed

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System NTS

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1029 Linear Ft. 343
Depth of Stone in Lines 12"
Water Supply: Individual ~~(✓)~~
Public (✓)

Installed by R. Abernathy

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles C. Price DATE 10/29/87

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold